The Hampden Hippocrat

MEMBER MEDICAL SOCIETY MAGAZINE GROUP

A Bulletin for the Hampden District of the Massachusetts Medical Society

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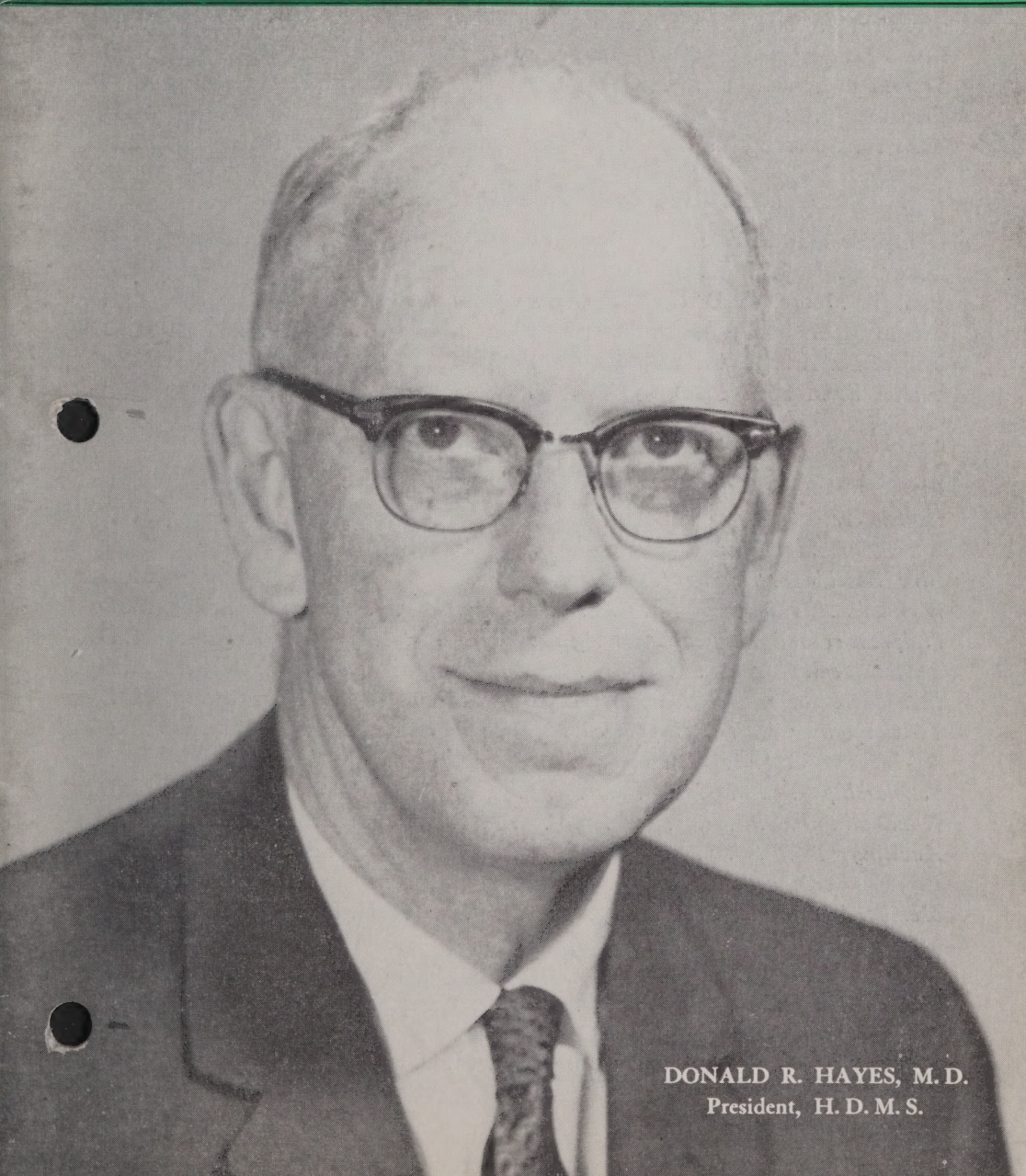

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President, H. D. M. S.

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1414 STATE STREET — SPRINGFIELD, MASS. 01109

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Malpractice and Medico-Legal Affairs . . . . . Joseph Angelica, M. D.
Public Health . . . . . David E. Booker, M. D.
Insurance, Labor Relations, and Industrial Accidents . William Mosig, M. D.
To Committee on Tax-Supported Medical Care . Harry L. Roberts, M. D.
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Mental Health . . . . . Eugene Boss, Jr., M. D.
Disaster Medical Care . . . . . Walter S. Mozden, M. D.
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The Hampden Hippocrat

"Life is short and art is long, the occasion fleeting, experience fallacious and judgment difficult."
Hippocrates

Founded in 1942 by Drs. Edward P. Bagg and William A. R. Chapin, and published monthly except July and August.

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EDITORIAL

BIRTH PAINS

While much of the impact of the recently enacted Medicare legislation is as yet a matter of conjecture, one very specific requirement is already causing headaches, frustration, and consternation on the part of hospitals and physicians alike. Still another additional burden of committee work is being placed upon the back of medical staff membership. Recently it was pointed out that in four months of operation, even before Medicare, a hospital of two hundred beds found that each of its utilization committee members contributed an average of fifteen hours per month to this function alone. Such may be the experience in this area unless considerable care is exerted in the initial planning phase.

Areas of Surveillance

Basically three areas are to be watchdogged closely: the propriety of admissions to hospitals, the professional services furnished, and the length of stay. The first two of necessity demanded retrospective study. Under ordinary circumstances, it is only after a patient has been admitted and some studies carried out that an objective observer can ascertain the need for hospitalization to begin with. Similarly, it is only after services have been provided than one is in a position to subject these services to critical analysis. The remaining function, duration of stay, lends itself in a unique fashion to daily analysis by hospital personnel and committee members.

FOR NEW OFFICERS and COMMITTEES, SEE PAGES 12 and 14

A Practical Approach

Since most hospitals locally have audit committees functioning at the present time, the suggestion of Vergil N. Slee, M.D., presented in "The Bulletin" of the American College of Physicians, February, 1966, has great appeal. He suggests that the total function of utilization be split with the retrospective study being the charge of the audit committee now carrying out this function efficiently and duration of stay being the exclusive concern of the utilization committee. Both would be and, indeed, are answerable to the medical staff through the latter's executive committee. Under this system charts would be checked in patient care areas whenever a length of stay seemed questionably prolonged. Then would follow the usual audit survey with attention directed more closely to matters of need for admission as well as the quantity, quality, and efficiency of the professional services provided. This would appear to be the most economical approach from the point of view of professional man hours required.

Future Portents

Specific, detailed guidelines for utilization reviews are as yet not available; however, the progenitor-Medicare-itself provides and allows for sampling and data processing techniques to be utilized in many aspects of a utilization committee's review functions. The art of medicine is to be subjected to systematic scrutiny in depth with how much concern for peer experience, judgment, and wisdom. What the "law" is now demanding of us physicians, the people have always had the right to expect. Being eternally aware of this, have we all not met our responsibilities in this area at all times?

Hurley

AREAWIDE PLANNING

Elsewhere in this issue, Dr. John W. Turner writes on The Springfield Area Community Health Study and the plans to implement the recommendations thereof (see page 16). The implications of this are broadly indicative of change — a state to which man and his society manifest seemingly inherent resistance and reluctance.

We physicians must play a central role in the planning for this community's health because we, individually and collectively, have a positive and active interest in mental health, rehabilitation, environmental health, public health, hospitals, nursing homes, coordinated home care and homemaker services, voluntary health services, medical care for the needy and aging, immunization programs, financing of medical care, health manpower, and health education. With this vast exposure we must be a valuable source of guidance and leadership in health planning activities.

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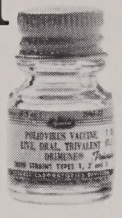

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ANNUAL MEETING HIGHLIGHTS
(April 26, 1966)

The Annual Meeting was held at the Shaker Farms Country Club with President Burkhardt calling the meeting to order at 6:50 p.m. . . . Attendance: 148; reservation, 172.

Minutes of the Feb. 1 meeting were read and accepted. President Burkhardt called attention to the "annual committee reports without recommendations" as published in April issue of the Hippocrat; these were accepted . . . Report of Treasurer Moore, including recommendation that dues for the coming year be $40.00, was accepted along with the report of the Auditing Committee by Dr. Rini.

President Burkhardt called for a moment of silent prayer in memory of the loss by the death during the year of the following members: Elizabeth T. M. Sullivan, Erdix T. Smith, Roswell G. Mace, Milton Merican, Roger G. Robitaille, Leo A. Byrnes, George C. Steele, Marie Daniels, and Arthur F. G. Edgelow.

Under new business, Dr. Eugene G. Boss, Jr., Chairman of the Mental Health Committee, offered a resolution to the effect that the Society endorse the Mass. Dept. of Mental Health's recruitment of English trained physicians to fill vacant staff positions in the State's mental hospitals thereby hopefully alleviating staff deficits; this was adopted.

Dr. Robert W. Emery, Chairman of Legislative Committee, proposed a resolution that H.D.M.S. recommend a voluntary, non-deductible contribution of not less than $20.00 to AMPAC-BAYPAC be included in the MMS's annual dues billing statement; this was adopted.

The meeting was recessed for a collation following which a 50-year membership certificate was presented to Dr. Honoria K. Shine . . . Drs. Allen G. Rice, Eoline Dubois, Henry J. D. Davidson, and Archibald J. Douglas were saluted for their 60 years of devoted service to medicine and presented with a "golden certificate." . . . Dr. Max Millman was presented with a plaque expressing gratitude for his 10 years of dedicated service as Editor-in-Chief of the *Hippocrat.*

The Report of the Nominating Committee was then presented by its chairman, Dr. Frank G. Mills; this was unanimously approved (see page 12) . . . Retiring President Henry Burkhardt expressed his gratitude to all committees and especially to Secretary Memery and Executive Secretary Mrs. Purdy and then introduced incoming President Dr. Donald R. Hayes . . . The latter called for a rising vote of thanks for Dr. Burkhardt for a job well done. . . . President Hayes presented his inaugural remarks (see page 10) and then listed his committees (see page 14).

There being no further business the meeting was adjourned at 9:45 p.m.

COUNCILORS ELECT

The Councilors met immediately after the HDMS Annual Meeting and elected Dr. Ralph T. Miller as an Alternate to the Executive Councilor Dr. Thomas F. Reilly. Dr. Miller will complete the remaining two years of Dr. Robert D. O'Malley's term.

COMPLIMENTS

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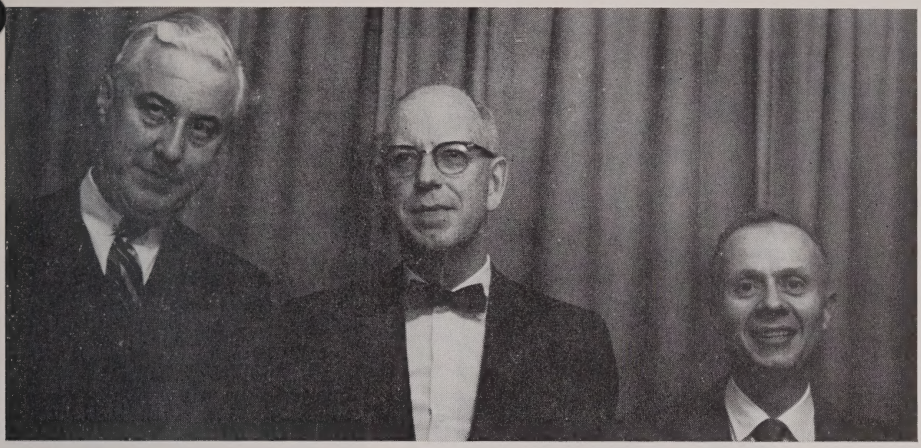
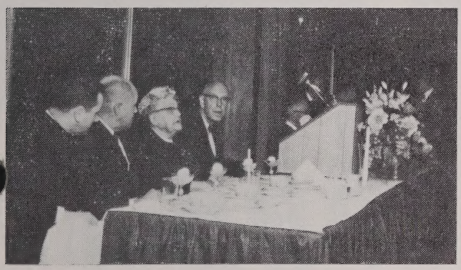


OUR LEADERS

L. to r.: Dr. Joseph M. Baker (President-Elect), Dr. Donald R. Hayes (President), Dr. Henry Burkhardt (Retiring President)

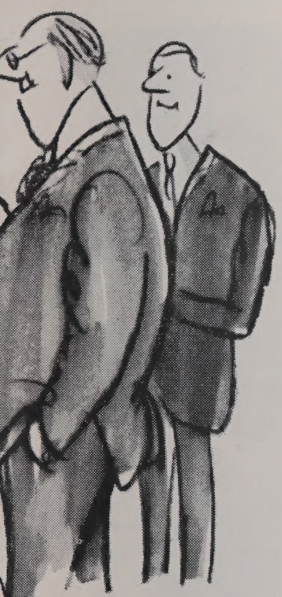


THE HEAD TABLE

L. to r.: Dr. John F. Griffin (New Secretary), Dr. Paul T. Moore (Treasurer), Dr. Eoline DuBois (60 yr. "Golden Certificate Recipient), Dr. Donald R. Hayes (New President), Dr. Henry Burkhardt (Retiring President), Dr. Archibald J. Douglas (60 yr. "Golden Certificate" Recipient), Dr. Harry N. Memery (Retiring Secretary), Mrs. Vivian M. Purdy (Executive Secretary)

AS ALWAYS, THERE WAS BUSINESS

SAXON



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WOMAN'S AUXILIARY ANNUAL MEETING

L. to R.: Mrs. Gardner Cox, II, (Corresponding Secretary); Mrs. Harry Corwin, (Treasurer); Mrs. Eugene Beauchamp, Jr., (President); Mrs. Setrag Zacarian, (President-Elect); Mrs. Frank G. Mills, (Recording Secretary).

The annual meeting of the Women's Auxiliary to the HDMS was held at Twin Hills Country Club in Longmeadow on Tuesday, April 12th. After a delicious luncheon, Mrs. Raymond Conway, outgoing president, reviewed Auxiliary events during the past year and thanked the Board of Directors and members for their help and cooperation.

The following slate of officers for the coming 1966-67 season was presented by Mrs. Arthur Gramse, Chairman of the Nominating Committee, and was passed unanimously:

President—Mrs. Eugene Beauchamp, Jr.; President-Elect—Mrs. Setrag Zacarian; Recording Secretary—Mrs. Frank Mills; Corresponding Secretary—Mrs. Gardner Cox, II; Treasurer — Mrs. Harry Corwin; Scholarship Treasurer—Mrs. William Mosig; Directors—Mrs. Raymond Conway, Mrs. Edward Caruso and Mrs. William Kisiel.

Mrs. Joseph Angelica will head the Nominating Committee for the 1966-67 season, with Mrs. Richard Paul as co-chairman.

Mrs. Gramse also announced that Mrs. Harry Baker, Past President of the Auxiliary, is a candidate for the office

of 1st Vice-president of the State Auxiliary.

Guests of honor at the meeting were: Mrs. John B. Butts, State Auxiliary President and Mrs. J. Harry Fierman, State Auxiliary President-Elect.

The new officers were installed by Mrs. Butts in a brief but effective ceremony, with lighted candles symbolizing the lights of leadership, loyalty and love.

The gavel was then turned over to the new President, Mrs. Beauchamp, who presented Mrs. Conway with a gift from the Auxiliary for her leadership during the past year.

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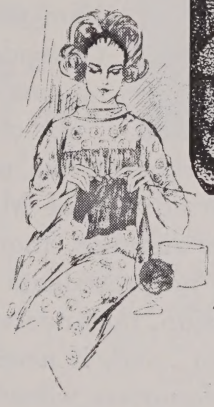

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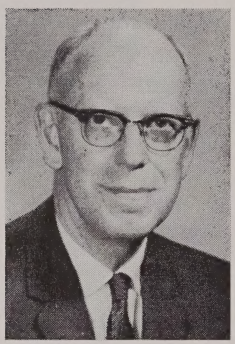
President's Page



INAUGUARAL REMARKS
(April 26, 1966)

It is always an honor to be made president of any organization, and I am particularly proud to be selected as president of the H.D.M.S. I only hope I can serve you with the same wisdom and clarity of thought that my predecessor Henry Burkhardt has provided during the last year.

With the advent of Medicare and its beginning implementation this summer, there will be many problems arising that will have no precedents for solution. There will undoubtedly be confusion, misunderstanding, and frustration. Through the "Hippocrat" and, if necessary, through mailings from the Society's headquarters we will do our best to maintain an informed Society. As an aid to this purpose, I have established a committee which I have chosen to call the Advisory Committee on Utilization. This Committee is charged not only with the handling of problems of utilization as they may arise in the District but, equally important, with the very broad task of keeping us in touch with developments as they occur in this new field of medical practice - i.e. Medicare. Their's is a big job, but I have confidence in their individual and collective ability.

This is an appropriate time to thank in advance all the members of all the committees both elective and appointive. The amount of time and thought spent in committee deliberations is really fantastic, and we all should be grateful to those who contribute so willingly.

I am looking forward to an interesting and exciting year, and I assure you all I shall do my best to make it a productive year.

Donald R. Hayes, M. D.

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NOMINATING COMMITTEE
April 26, 1966

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President:	Donald R. Hayes
Vice-President & President-Elect:	Joseph M. Baker
Secretary:	John F. Griffin
Treasurer:	Paul T. Moore
Assistant Secretary:	Bruce B. Stoler

Executive and Grievance Committees:

Donald R. Hayes	ex-officio	Henry Burkhardt
Joseph M. Baker	ex-officio	Paul T. Moore
John F. Griffin	ex-officio	Bernard Bloom
Mustafa I. Adham	1967	Robert D. O'Malley
Walter S. Mozden	1968	Walter J. J. Nero
Eugene W. Beauchamp, Jr.	1969	Emanuel Wiedman

Commissioner of Trial:	Alfonso A. Palermo
Supervising Censor:	Samuel B. Potsubay (Term expires 1967)

Censors:

	Term expires
William Davis	1968
Mendel Mazer	1968
Walter J. J. Nero	1968
Irving Hoff	1970

Nominating Committee for 1967-1968

One Year	William B. Coen, *Chairman*
Two Years	Kenneth L. McEwen
Three Years	John J. Burke

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John C. Ayres	Springfield
Joseph M. Baker	Springfield
Bernard Bloom	Springfield
George Bronos	Holyoke

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Robert N. LaMarche	Springfield
Richard Maher	Holyoke
Ralph T. Miller	Ware
Max Millman	Springfield
Frank G. Mills	Westfield
Theodore R. Miner	Springfield
Samuel F. Potsubay	Holyoke
Thomas F. Reilly	Springfield
Howard N. Simpson	Springfield
H. Bernard Tillman	Springfield

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John F. Griffin (*Secretary*, HDMS)

George L. Schadt, Edward P. Bagg, Allen S. Johnson (*Past Presidents*, MMS)

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Legislative Councilor:	Karel J. Susat
Nominating Councilor:	Theodore R. Miner
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OUR COMMITTEES FOR 1966 - 67

The following committees were appointed by President Donald R. Hayes at the Annual Meeting, April 26, 1966.

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Robert N. LaMarche
John M. Maloney
Omar T. Pace
Jules R. Stenor
James J. Visconti

Legislative

Karel J. Susat, Chairman
Harry J. Anton
Robert W. Emery
Dalton L. Kinsella
Walter S. Mozden

Blue Shield District Professional Service

Walter D. Carver, Chairman
Charles D'Avanzo
Thomas B. Efford
Waclaw Hojnoski
Myles H. Illingworth
Oscar Rodin

Disaster Medical Care

Walter S. Mozden, Chairman
Alfred N. Aborjaily
John C. Ayres
Mordecai Berkowitz
Ralph O. Brown
Roland R. Cartier
William Cummings
Frank K. Duffy
William Duval
Norman Epstein
Silvano Macchiaroli
Isak O. Meshulam
Roger G. Osterheld
Karel J. Susat

Public Health

Robert A. Sears, Chairman
J. J. Arenstam
Lowell Bellin
David E. Booker
I. D. Hosman
Louis A. Izenstein
Philip Keitlen
Paul T. Moore
Sydney Nathans
Thomas F. Reilly
Roland F. Stebbins
Howard Turner
John Zadworny

Members Insurance Programs

H. Bernard Tillman, Chairman
Aaron Burkin
Robert F. Cahill
Sol M. Gold
Rene V. Hebert
Donald LaBrecque
Rocco A. Verrilli
Setrag A. Zacarian

(Hospitals Represented)

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Municipal
Shriners
Wesson Memorial
Western Mass.
Mercy
Wing Memorial
Mary Lane
Wesson Maternity
Springfield
Holyoke
Monson State
Providence

Medico-Religious

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James G. Fitzpatrick
William N. Hill
Leroy J. Kendrew
Edward Levitz
Harry Michelson
John Sandt
Francis A. Teta

Woman's Auxiliary

Walter S. Mozden, Chairman
Bernard Bloom
Karel J. Susat

Emergency Medical Service

James Gallagher, Chairman
John F. Appel
Charles Callahan
William Cummings
Henry Polchlopek

Malpractice & Medico-Legal Affairs

John P. Sullivan	1967
A. A. Bloniarz	1968
John J. Burke	1969
Leon M. Kruger	1970

Insurance, Labor Relations & Industrial Accident

Eugene W. Beauchamp, Jr.	1967
M. Gene Black	1968
Joseph R. Kelly	1969
Mordecai Berkowitz	1970

Mental Health

Eugene G. Boss, Jr., Chairman
Joseph Bernstein
Louis C. Clarke
Robert D. Harrington
John A. Larson
Ralph H. Levin-Epstein
Ralph T. Miller
Stanley D. Rapinchuk
John J. Sandt
Lewis A. Whiting

Representatives to Community Council

Donald R. Hayes
Joseph M. Baker

Audit

B. Lincoln Wales, Jr., Chairman
Theodore R. Brand

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SPRINGFIELD AREA COMMUNITY HEALTH STUDY

BY
JOHN W. TURNER, M.D.
EXECUTIVE COMMITTEE MEMBER
OF
THE SPRINGFIELD AREA COMMUNITY HEALTH STUDY

Since August, 1963, a very comprehensive inventory of health facilities of the Springfield area has been accomplished. This has been in cooperation with the National Commission on Community Health Services, Inc. Contributions of funds, material, and staff came from three governmental agencies and twenty private and charitable groups. The Hampden District Medical Society participated in financial support. The American Medical Association provided consultants, as requested, free of charge. This study involved a population of about 430,000 in Agawam, Chicopee, East Longmeadow, Hampden, Holyoke, Longmeadow, Ludlow, Springfield, Westfield, West Springfield, and Wilbraham. The purpose was the study of medical care other than the private practice of medicine. Springfield was selected as one of twenty-one communities in the United States with an original goal of having five communities of populations larger than 500,000; five communities of populations less than 50,000; and ten communities with populations of 50,000 to 500,000.

The report published as, "Recommendations — Springfield Area Community Health Study," is available at 1618 Main Street, Springfield, at the Community Council offices. As we face the revolutionary changes which are bound to come with compulsory health insurance and increased governmental participation and regulation of medicine, it is extremely desirable that the medical profession study the recommendations pertaining to the many different aspects of this report. As would be expected, reactions that the committee said too much or said too little have already been voiced. It is to be hoped that the report will serve as a series of stimuli to take advantage of the very large amount of work already accomplished in this area and to move onto the phase of implementation.

Recent editorials in "Modern Medicine" and in the JAMA have emphasized the desirability of involvement of physicians in hospital and health facility planning. It seems a paradox that in recent years more and more of this crucial-type planning is left to individuals who are less involved in patient care and practical aspects of medical care, but who are primarily involved in sitting at desks and making theoretical judgments. It has been pointed out that the composition of many of the important planning groups has included very few physicians.

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trend to emphasize the negative in our fair land, my conviction after twenty-eight years of close contact in the Springfield area is that our medical potential cannot be matched anywhere in this state outside of Boston. This impression was born out by the findings of Booz, Allen, and Hamilton in a survey done for the Trustees of the University of Massachusetts. There are many excellent general hospitals and some outstanding specialty hospitals in the Springfield survey area. Today's typical hospital trustee is a very capable and dedicated individual interested in good liaison with medical staffs of hospitals. The unified efforts of the past two decades involving trustees and well-qualified members of medical staffs have brought about a decentralization of medical care. In the Springfield survey area most major procedures, which formerly were done at distant larger medical centers, now remain in the Springfield area.

With the advent of compulsory health insurance and increased utilization of hospital and nursing home facilities, it seems unlikely that in the survey area we shall have the problem of overconstruction of medical facilities for a long while to come. It remains for us to work together voluntarily and effectively to solve our problems rather than to fail by default and have regionalization of medical care imposed politically and operated in a manner alien to the American tradition. It would seem helpful for the Hampden District Medical Society to create an ad hoc committee for the effort of offering all possible assistance in the implementation phase of the recommendations.

#

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HEALTH CAREER DAY

The Woman's Auxiliary to the HDMS sponsored a "Health Career Day" on March, 30, 1966, at the War Memorial Building, Holyoke, Mass. This event, whose planning began in August of 1965, was conducted by the Auxiliary's Health Careers Committee under the able leadership of Mrs. Stephen A. Mahoney, II. A total of 252 interested students representing 15 Hampden District high schools, 1 junior high school, 1 private school, and 1 junior college participated. Not only were presentations made on opportunities in the fields of nursing, medical technology, dietetics, and medicine but also faculty representatives from many of the area schools of nursing, pharmacy, x-ray technology, laboratory technology, etc. were available for consultation and advise. The Committee provided each participant with a folder containing a wealth of material on various health profession career requirements, readily available training facilities, and financial aids to attain their desired goals.

The enthusiasm generated was such that the Committee is planning to effect an "Observer Program." All students attending this program who signified their interest will be given an opportunity to spend at least one half day in a cooperating health facility observing the actual working operations of the profession of their choice. When appropriate arrangements have been made, each student will be contacted in regard thereto.

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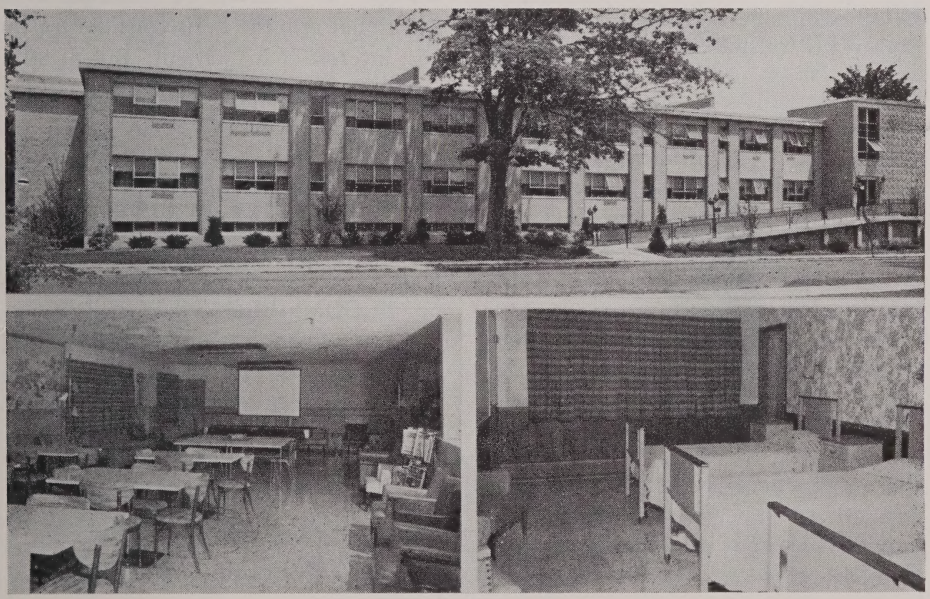

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FIRST NATIONAL CONGRESS ON MEDICAL ETHICS

by ALLEN S. JOHNSON, M.D.
MMS REPRESENTATIVE

On March 5 and 6, 1966, the first National Congress on Medical Ethics was held in Chicago under the sponsorship of the AMA and with 304 persons in attendance. The purpose of this congress was: (1) to clarify some of the more nebulous issues in medical ethics and (2) to pool the experience of state and local medical societies, etc. in methods of settling problems of medical ethics and of handling complaints directed at doctors. The sessions consisted of addresses by various representatives of the AMA and guests possessing particular expertise in these matters and of smaller group conferences permitting "free-for-all" discussion. The following is an attempt to condense these 21 presentations.

Most issues center about practices which are ethically unsound but economically advantageous. This usually involves the question of exploitation of the patient. Though subject to varying definition and often to individual interpretation, it usually means that directly or indirectly the patient is maneuvered into paying more for a professional service, with or without incidental merchandise, than at what would be considered a reasonable price.

The best interests of the patient have long been the criteria by which to judge the professional service rendered; his capacity to pay and the value of the service, the measure of the fee to be charged. However, the interposition of third parties in the form of insurance companies, and now the Federal Government, has injected many shades of gray into this once black and white spectrum. Now, the ultimate effect on society of procedures involving groups may have to be taken into account. For example, a wealthy patient chooses to prolong his or her convalescense in a hospital with plenty of empty beds until he or she can more easily care for himself or herself at home. He or she is willing and able to pay for this "luxury" service which is not medically necessary. The attending doctor's collaboration is certainly ethical, even though he receives a commensurate additional fee, for he is considering the best interest of his patient. But, if 80%

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of his or her medical and hospital costs are to be paid under a major medical insurance policy, an ethical problem arises. Such unnecessarily long hospitalization will ultimately result in increased premiums for others who may not be in a position to afford them. If, in addition, there is a shortage of hospital beds, his or her "luxury" may deprive an acute surgical abdomen or a curable malignancy of timely care. Under these circumstances the possible exploitation of society rather than of the patient must be considered in judging this doctor's ethics.

Still another problem is posed by the team concept of medical care which may involve both para-medical and non-medical personnel. Since these ancillary personnel may at times function in a surrogate capacity and not under the immediate supervision of the physician, a clearly understood code of ethics is necessary for the team as well as for the doctor. Therefore, team members should, perhaps, participate in formulating the principles of ethics to guide the group.

There was discussion of the right of the doomed patient to die peacefully and with dignity. This right is clouded by the fallibility of medical judgment as to when the end is inevitable. But every doctor must recognize the difference between prolonging life and merely prolonging dying. When to relieve the patient of the harrassment of futile therapy may require the collective wisdom of doctor, family, and spiritual advisor.

The problem of the professionally incompetent doctor was discussed by Dr. Appel, president of the AMA. How shall society be protected against the doctor who has become professionally incompetent by reason of physical or mental infirmity or psychiatric disorder? Few states have laws or medical society machinery for protecting society from such a potential catastrophe. Dr. Appel suggested that the hospital staff should initiate action and refer the matter to the medical society's grievance committee and then to the state licensing authority if unable to solve the problem at the local level. County medical societies should develop instrumentalities for dealing with professional incompetence and state licensing boards must deal with incompetent "mavericks" who do not belong to hospital staffs or county medical societies. If the profession regulates itself properly, said Dr. Appel, the public will be unlikely to seek protection through further political regulation. He emphasized that the doctor must remember that he is practicing a profession, not plying a

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trade. The distinguishing motivation of a profession is service to humanity rather than personal material rewards.

The small group conferences provided for an interchange of ideas on how ethical problems might be solved at local levels, how complaints should be handled, and how the "Augean stables" might be cleaned short of Hercules' "extremiam." This machinery varies from state to state. Most of the participants got the impression that the effectiveness of the machinery depended more on the perception and dedication of the operators than on its design. In general, the designated instrumentalities are granted more power by the by-laws of the other state medical societies than are the analogous committees of the Mass. Medical Society so that their decisions are enforceable by various punitive measures such as suspension, etc. This is particularly true in adjudication of fee disputes. As a member of two such committees in this state which must achieve their objectives largely by moral suasion, I am not convinced that greater statutory powers would enhance our effectiveness.

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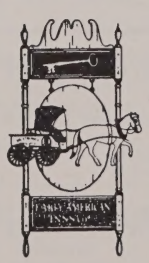

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MEDICAL LIBRARY ASSISTANCE ACT

The unprecedented expansion of knowledge in the health sciences in the past two decades has created problems in dissemination and utilization of this mass of information. Among the modalities put forth to deal with this problem is an amendment to Title III of the Public Health Service Act known as the "Medical Library Assistance Act of 1965." The intent of this is to assist in the construction of new as well as renovation, expansion or rehabilitation of existing medical library facilities; to assist in the training of medical librarians; to provide special fellowships for physicians and others; and to support research in the fields related to medical library services. In addition, the Act provides assistance in the development of a national system of regional medical libraries.

This Act comes at a time when the physicians of Hampden District find themselves approaching the crossroads in the matter of a sister organization, the Springfield Academy of Medicine. The latter has met the needs of the medical community for library services and provided, until recently, for continuing medical education. The development of increasingly elaborate educational programs at the community hospital level has more and more drawn away the regular participants from the Academy's educational program. As the medical community has begun to withdraw its support of the latter, little or no thought has been given to the support of the Library, which has become the principal function of the Academy.

Under Public Law 89-291, the Surgeon General is empowered to make grants up to 75% of the necessary cost of construction of a library facility "upon application of any public or private

non-profit agency or institution." The application must be supported by "reasonable assurance that, for not less than twenty years after completion of the construction, the facility will be used as a medical library"; that there are funds available to meet the non-federal portion of the initial costs; and that sufficient funds will be available to maintain and effectively use the facility. In addition to construction grants, sums of several millions of dollars annually are to be made available to the Surgeon General for the training of staffs and the provision of books, journals, visual aids, data processing and duplicating equipment, etc. up to as much as 60% of the annual operating costs.

It may be prudent for the membership of the Academy and the HDMS to study this matter with great care, and, perhaps, in a joint effort to attempt to meet requirements of the Surgeon General for qualification under this Law. Success in this venture would place both groups in a position of rendering a real service to the medical community of the entire area, to those in the para-medical fields, and to the thousands of students in undergraduate schools throughout the Valley.

There is little doubt of support from the medical community in such a venture as well as great enthusiasm on the part of the area's hospitals and colleges for such a facility. It's hard to believe that financial support would not be forthcoming on a matching basis from industry.

Hurley

THE SPRINGFIELD HOSPITAL PEDIATRIC PROGRAM

On Wednesday, May 25, 1966, a "Pediatric Hematology Symposium" will be held in the Hospital's Auditorium beginning at 9:25 A.M. The following will make presentations which will be followed by a panel discussion and a question and answer period:

1. Jerold F. Lucey, M.D., Associate Professor Pediatrics, University of Vermont College of Med. — "Management of Neonatal Jaundice and Hydrops Fetalis — Status 1966."
2. John G. Gorman, M.D., Dir., Blood Bank, The Presbyterian Hospital, New York — "Prevention of Hemolytic Disease" and "Selection of Blood for Intrauterine and Exchange Transfusions."
3. Thomas F. Necheles, M.D., Research Associate in Pediatrics, Tufts Univ. School of Med. — "Clinical Picture, Diagnosis, and Management of Hemolytic Anemia due to Red Cell Enzyme Defects."
4. Donald M. Allen, M.D., Asst. Professor Pediatrics, Tufts Univ. School of Med. — "Hypertransfusion and Iron Chelation in the Hemoglobinopathies."

The program is open to physicians, residents, interns, nurses, and other interested medical personnel.

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EXECUTIVE COMMITTEE (Highlights)

The Executive Committee met on April 12, 1966 at the Society's meeting rooms. Dr. Burkhardt called the meeting to order at 8:05 P.M. Present were Drs. Memery, Williams, LaMarche, Mahoney, Moore, Mozden, Hayes, and Mrs. Purdy.

The minutes of the March meeting were read and approved as read by the Secretary.

A letter from the Community Health Study asking for a physician to be on a committee for implementation of the study was read. Dr. Burkhardt will appoint a doctor for this committee.

Hartford County Medical Association wrote complaining about physicians from Hampden listing their names in the yellow pages of the Windsor Locks telephone book. Their guides and principles on listing are almost identical to HDMS. Letters will go out to the eleven doctors listed in the book.

Zonta Club sent a letter of thanks for attending the February meeting to hear Dr. Paul McCleave.

Mrs. Devlin, Chairman of Doctor's Day for the Woman's Auxiliary, has sent donations to AMA-ERF in the name of members who have been in service for 50 and 60 years. (See District Meeting Highlights for names.)

Committee Reports

Dr. Mozden, Chairman of the Disaster Medical Care Committee reported on the latest developments on the "Hampden Alert—1966" program to take place on April 20 at the Springfield Shopping Plaza.

Dr. LaMarche reported on the success of the Automobile Accident Prevention Program which took place on March 30, 1966. Although the attendance was poor, nevertheless, it was felt that it did some good. It is hoped that this program will be repeated again during another year.

Dr. Burkhardt reported on the meeting the Public Health Committee had with educators, school committee representatives, etc, on March 31 on "Sex Education." This meeting was well attended.

Two resolutions were read and studied. One was sent back to committee and the other was reworded.

The Treasurer, Dr. Moore, gave his report with budget for the year 1966-1967. His recommendations will be made at the district meeting.

The committee adjourned at 10:00 P.M.

The Grievance Committee convened and heard one case. Letters will be sent.

The meeting was adjourned at 10:05 P.M.

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COMING EVENTS

MMS COUNCIL MEETING, BOSTON, MAY 16

MMS ANNUAL MEETING, BOSTON, MAY 17, 18, and 19

HDMS EXECUTIVE COMMITTEE MEETINGS, MAY 24 and JUNE 21

AMA ANNUAL MEETING, CHICAGO, JUNE 26 - 30

AMERICAN MEDICAL WOMEN'S ASSOCIATION,
ROCHESTER, N.Y., JULY 7 - 9

AMERICAN ACADEMY OF GENERAL PRACTICE, BOSTON, OCT. 7 - 14

AMERICAN COLLEGE OF SURGEONS, SAN FRANCISCO, OCT. 10 - 14

AMA CLINICAL MEETING, LAS VEGAS, NEV., NOV. 27 - 30

LET'S TAKE ANOTHER LOOK!

From time immemorial the physician has donated his professional services to the poor without pay or remuneration. To this day he has continued to give generously of his time, effort, and skill in the various clinics, out-patient departments and hospital wards. This, he has always done voluntarily, willingly, and, one might add, gladly.

However, in view of recent and current developments, isn't it time for a change, or at least another look? Many of the impoverished are now subsidized by governmental agencies, e.g., OA, MAA, VA, ADA, and the like. The forthcoming enactment of Medicare, and especially Title XIX, will relieve additional millions of the underprivileged of the necessity of footing their own health bills. It seems reasonable to assume that before too long all of the indigent in our nation will be covered by governmental or tax-supported medical care.

With the element of charity thus almost completely eliminated from the health care of the poor, there is no valid reason why the physician should not be compensated fully for services rendered, the same as the hospital, the nurse, and all other para-medical personnel. There is no reason why the physician should not get paid for his hospital work, and there is no reason why he should not receive a decent and respectable professional fee for office and house calls. It is gratifying to learn that the iniquituous "15-mile rule" is finally to be abandoned by the Welfare Department, but this is only one part of the problem. What is necessary is a complete revision of policy on the part of our paternalistic government with reference to professional fees for tax-supported medical care.

In the meantime, our profession, true to its ideals, traditions and principles of medical ethics will unquestionably continue to render the same high quality care regardless of the patient's ability, or the government's willingness, to meet their financial obligations.

Millman

If it is newsworthy and medical, the Hippocrat would like to hear about it.

Medical Secretary

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ARTHUR F. G. EDGELOW, M. D.

Dr. Arthur F. G. Edgelow of 17 Oxford St., Springfield, died at his home on March 31, 1966.

Born on October 19, 1891, in London, England, Dr. Edgelow graduated from Trinity College, Hartford, in 1914 and from the Harvard Medical School in 1918. Thereupon, he joined the Canadian Army serving as a medical officer. Before coming to Springfield, he served on the medical staffs of the Mass. General Hospital from 1918 to 1921 and the Boston Lying-In Hospital from 1921 to 1922.

Dr. Edgelow served for many years on the medical staffs of the Wesson Maternity Hospital, of which he was Chief for 17 years, and The Springfield Hospital. He was also a Consulting Obstetrician at the Westover Air Force Base Hospital, the Wing Memorial Hospital, Palmer, and the Mary Lane Hospital, Ware. He was a member of the A.M.A., a diplomate of the American Board of Obs. and Gyn., a fellow of both the American College of Surgeons and the American College of Obs. and Gyn. He was also a member of the M.M.S. and the H.D.M.S. of which he was President at one time.

To his family and his many friends, deepest sympathy is hereby extended.

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May 13 Dr. Mordecai Berkowitz on Orthopedics

May 20 Dr. Rocco Verrilli on Urology

May 27 Dr. Sheldon Goldberg on ENT

— —

Mr. Ted Chilcoat, Field Representative from AMA was on WACE on April 22.

— —

Dr. Macchiaroli and Mrs. Purdy were on WACE on April 25 on "Hampden Alerts, 1966".

Volunteers needed for this radio program. Please, call Headquarters if you would like to participate.

— —

Dr. Mozden on WWLP with Tom Colton on April 19 for "Hampden Alert 1966"

— —

TV

Dr. Mozden on WWLP "At Home with Kitty," for Hampden Alert 1966'

— —

Speaking

Dr. Stephen Daly - panel discussion on Religion and Psychiatry at Cooley Dickinson Hospital - April 20.

— —

Dr. D'Avanzo, advisor to the Hampden District Association of Medical Assistants, spoke to 40 members and four prospective members on April 27 at Ye Olde Coach Inn at their Membership Tea. Encourage your "Gal Friday" to join the HDAMA.

— —

Dr. Booker to "Parents without Partners" at Wilbraham United Church

— —

"FIT TO BE TIED" - program on sex education at Faith Church for four weeks: Drs. Louis Clarke, Robert Ernst, David Williams and Omar Pace.

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UTILIZATION COMMITTEES BENEFITS AND PROBLEMS

The following was excerpted from a paper presented at the First National Conference on Utilization, March 2-3, 1962, by J. Everett McClenahan, M.D., Chairman, Hospital Utilization Project of the Tenth Councilor District of the Medical Society of the State of Pennsylvania and The Hospital Council of Western Pennsylvania.

Benefits

Formation and activation of utilization committees:

1. Increases awareness of the problem of unnecessary utilization.
2. Stimulates discharge or transfer to appropriate facilities of long-stay cases.
3. Discourages unnecessary admissions.
4. Frees beds and improves bed turnover.
5. Improves the quality of hospital charting.
6. Eliminates questionable emergencies.
7. Provides better understanding of Blue Cross problems.
8. Develops more equitable and efficient admission and discharge procedures.
9. Increases cooperation with respect to the discharge hour.
10. Focuses need to avoid delay in completing consultations.
11. Stimulates work on newly discovered problems involving various hospital procedures such as weekend laboratory coverage, operating room scheduling, and delays in tissue reports.
12. Increases interest of medical staff members in working with the administration on various problems and improves liaison between medical staff and administration.
13. Brings realization of the good rec-

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ord of the medical staff and stimulus to do even better.

14. Possibly eliminates the need for building of additional hospital and/or additional wings for beds.
15. Reduces hospital costs.
16. Improves quality of patient care.
17. Brings about almost constant communication between administrative staffs to compare methods and means improving the function of their committees and, incidentally, improving health care.
18. Probably, the greatest single, individual, beneficial effect of the Utilization Committees in our opinion has been the fact that the public in general is now gathering the impression that doctors themselves are attempting to do something about hospital costs. This is one of those intangible values that are very difficult to measure but there can be no question that its value does exist and in great quantities. It has a tremendous public relations impact.

Problems

1. Committee work involves too much of the physicians' time and there are not enough physicians to do the job. This is a common complaint in the smaller hospitals. It is our suggestion that in this type of hospital, several committees combine into one; i.e., the tissue committee, the medical audit committee, the admissions committee, and the utilization committee.
2. "Just another meeting." To this we attempt to educate staffs to realize our objectives and the stake they and their hospital have in the over-all picture.
3. Resentment of the committee as a policy body. To this we reply it may be better to be policed by your peers than by a governmental agency.
4. Failure of committee members to act according to their convictions for fear of antagonizing their colleagues.
5. The belief that there is a lot of "useless work."
6. The difficulty in being able to get enough good men for the committee.
7. The failure of the committee to act in all phases and their failure to create constructive investigations of specific areas themselves.
8. The failure of the individual Utilization Committee to keep accurate records. We must have accurate and adequate records and statistics to confirm our position in the eyes of large industrial consumer groups to enable us to justify the conditions of the voluntary practice of medicine as opposed to a closed-panel type of practice. #

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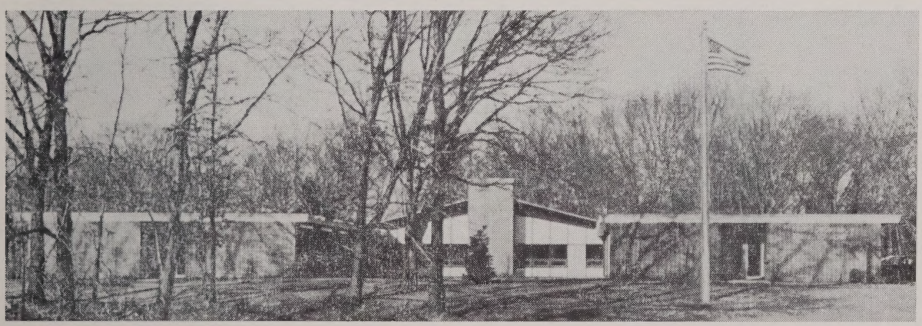

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